U.S. Department of Housing and Urban Development Office of Public and Indian Housing

Small PHA Plan Update Annual Plan for Fiscal Year: 2003

NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES

HUD 50075 OMB Approval No: 2577-0226 Expires: 03/31/2002

PHA Plan Agency Identification

| PHA Name: Mammoth Spring Housing Authority | | | | | | |
|---|--|--|--|--|--|--|
| PHA Number: AR086 | | | | | | |
| PHA Fiscal Year Beginning: 4/01/2003 | | | | | | |
| PHA Plan Contact Information: Name: Phone: 870-625-3911 TDD: Email (if available): Public Access to Information Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply) Main administrative office of the PHA | | | | | | |
| Display Locations For PHA Plans and Supporting Documents | | | | | | |
| The PHA Plans (including attachments) are available for public inspection at: (select all that apply) Main administrative office of the PHA PHA development management offices Main administrative office of the local, county or State government Public library PHA website Other (list below) | | | | | | |
| PHA Plan Supporting Documents are available for inspection at: (select all that apply) Main business office of the PHA PHA development management offices Other (list below) | | | | | | |
| PHA Programs Administered: ☐ Public Housing and Section 8 ☐ Section 8 Only ☐ Public Housing Only | | | | | | |
| | | | | | | |

Annual PHA Plan Fiscal Year 20

[24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a SEPARATE file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

> Contents Page #

Annual Plan

- **Executive Summary (optional)**
- ii. Annual Plan Information
- iii. Table of Contents
- 1. Description of Policy and Program Changes for the Upcoming Fiscal Year
- 2. Capital Improvement Needs
- 3. Demolition and Disposition
- 4. Homeownership: Voucher Homeownership Program
- 5. Crime and Safety: PHDEP Plan
- 6. Other Information:
 - A. Resident Advisory Board Consultation Process
 - B. Statement of Consistency with Consolidated Plan
 - C. Criteria for Substantial Deviations and Significant Amendments

| At | tachments |
|----|--|
| | Attachment A: Supporting Documents Available for Review |
| | Attachment: Capital Fund Program Annual Statement |
| | Attachment: Capital Fund Program 5 Year Action Plan |
| | Attachment: Capital Fund Program Replacement Housing Factor Annual Statement |
| | Attachment: Public Housing Drug Elimination Program (PHDEP) Plan |
| | Attachment: Resident Membership on PHA Board or Governing Body |
| | Attachment: Membership of Resident Advisory Board or Boards |
| | Attachment: Comments of Resident Advisory Board or Boards & Explanation of PHA |
| | Response (must be attached if not included in PHA Plan text) |
| | Other (List below, providing each attachment name) |

ii. Executive Summary [24 CFR Part 903.7 9 (r)]

HUD 50075 OMB Approval No: 2577-0226 Expires: 03/31/2002 Printed on: 3/6/20032:38 PM At PHA option, provide a brief overview of the information in the Annual Plan

| Summary of Policy or Program Changes for the Upcoming Ye |
|--|
|--|

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

None at this time

| 2. Capital Improvement Needs | | | | | | |
|---|--|--|--|--|--|--|
| 24 CFR Part 903.7 9 (g)] | | | | | | |
| Exemptions: Section 8 only PHAs are not required to complete this component. | | | | | | |
| A. Yes No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan? | | | | | | |
| 3. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the apcoming year? \$ 37,470 | | | | | | |
| C. Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component. | | | | | | |
| D. Capital Fund Program Grant Submissions | | | | | | |
| (1) Capital Fund Program 5-Year Action Plan | | | | | | |
| The Capital Fund Program 5-Year Action Plan is provided as Attachment | | | | | | |
| (2) Capital Fund Program Annual Statement The Capital Fund Program Annual Statement is provided as Attachment 3. Demolition and Disposition [24 CFR Part 903.7 9 (h)] | | | | | | |
| Applicability: Section 8 only PHAs are not required to complete this section. | | | | | | |
| 1. Yes No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.) | | | | | | |
| 2. Activity Description | | | | | | |

| Demolition/Disposition Activity Description |
|---|
| (Not including Activities Associated with HOPE VI or Conversion Activities) |
| 1a. Development name: |
| 1b. Development (project) number: |
| 2. Activity type: Demolition |
| Disposition |
| 3. Application status (select one) |
| Approved |
| Submitted, pending approval |
| Planned application |
| 4. Date application approved, submitted, or planned for submission: (DD/MM/YY) |
| 5. Number of units affected: |
| 6. Coverage of action (select one) |
| Part of the development |
| Total development |
| 7. Relocation resources (select all that apply) |
| Section 8 for units |
| Public housing for units |
| Preference for admission to other public housing or section 8 |
| Other housing for units (describe below) |
| 8. Timeline for activity: |
| a. Actual or projected start date of activity: |
| b. Actual or projected start date of relocation activities: |
| c. Projected end date of activity: |
| c. 1 Tojected tha date of detivity. |
| 4. Voucher Homeownership Program |
| [24 CFR Part 903.7 9 (k)] |
| [24 CI K I mt 303.7 7 (h)] |
| A. Yes No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to |
| A. L Yes No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", |
| skip to next component; if "yes", describe each program using the table below (copy and |
| complete questions for each program identified.) |
| complete questions for each program identified.) |
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| B. Capacity of the PHA to Administer a Section 8 Homeownership Program |
| The PHA has demonstrated its capacity to administer the program by (select all that apply): |
| Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring |
| that at least 1 percent of the downpayment comes from the family's resources |
| Requiring that financing for purchase of a home under its section 8 homeownership will be provided |
| insured or guaranteed by the state or Federal government; comply with secondary mortgage market |
| underwriting requirements; or comply with generally accepted private sector underwriting standards |
| |

| Printed on: 3/6/20032:38 PM Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below): |
|---|
| 5. Safety and Crime Prevention: PHDEP Plan [24 CFR Part 903.7 (m)] |
| Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds. |
| A. Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan? |
| B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ |
| C. Yes No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component. |
| D. Yes No: The PHDEP Plan is attached at Attachment |
| 6. Other Information [24 CFR Part 903.7 9 (r)] |
| A. Resident Advisory Board (RAB) Recommendations and PHA Response |
| 1. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s? |
| If yes, the comments are Attached at Attachment (File name) . |
| 3. In what manner did the PHA address those comments? (select all that apply) The PHA changed portions of the PHA Plan in response to comments A list of these changes is included Yes No: below or |
| Yes No: at the end of the RAB Comments in Attachment Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment |
| Other: (list below) |
| B. Statement of Consistency with the Consolidated Plan |
| For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary). |
| 1. Consolidated Plan jurisdiction: State of Arkansas |

| | taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan tion: (select all that apply) |
|--|---|
| in | the PHA has based its statement of needs of families in the jurisdiction on the needs expressed the Consolidated Plan/s. The PHA has participated in any consultation process organized and offered by the Consolidated an agency in the development of the Consolidated Plan. The PHA has consulted with the Consolidated Plan agency during the development of this PHA and the consolidated PHA in the coming year are consistent with specific initiatives intained in the Consolidated Plan. (list such initiatives below) The PHA has based its statement of needs of families in the jurisdiction on the needs expressed the PHA has participated by the Consolidated Plan. |
| Yes No: | s for support from the Consolidated Plan Agency Does the PHA request financial or other support from the State or local government agency in der to meet the needs of its public housing residents or inventory? If yes, please list the 5 most aportant requests below: |
| | ated Plan of the jurisdiction supports the PHA Plan with the following actions and ents: (describe below) |
| C. Criteria for S | ubstantial Deviation and Significant Amendments |
| 24 CFR Part 903.7(r) PHAs are required to the Annual Plan. The | and Deviation Definitions of define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the definition of significant amendment is important because it defines when the PHA will subject a change to the described in the Annual Plan to full public hearing and HUD review before implementation. |
| A. Substanti | al Deviation from the 5-year Plan: |
| B. Significan | t Amendment or Modification to the Annual Plan: |
| | |
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HUD 50075 OMB Approval No: 2577-0226 Expires: 03/31/2002

Attachment_A_

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

| List of Supporting Documents Available for Review | | | | | |
|---|---|---|--|--|--|
| Applicable & On Display | Supporting Document | Related Plan Component | | | |
| X | PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations | 5 Year and Annual Plans | | | |
| | State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update) | 5 Year and Annual Plans | | | |
| | Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement. | 5 Year and Annual Plans | | | |
| | Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction | Annual Plan: Housing Needs | | | |
| X | Most recent board-approved operating budget for the public housing program | Annual Plan: Financial Resources | | | |
| X | Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] | | | | |
| X | Any policy governing occupancy of Police Officers in Public Housing check here if included in the public housing A&O Policy | Annual Plan: Eligibility, Selection, and Admissions Policies | | | |
| | Section 8 Administrative Plan | Annual Plan: Eligibility, Selection, and Admissions Policies | | | |
| X | Public housing rent determination policies, including the method for setting public housing flat rents check here if included in the public housing A & O Policy | Annual Plan: Rent Determination | | | |
| | Schedule of flat rents offered at each public housing development check here if included in the public housing A & O Policy | Annual Plan: Rent Determination | | | |
| | Section 8 rent determination (payment standard) policies check here if included in Section 8 Administrative Plan | Annual Plan: Rent Determination | | | |

| List of Supporting Documents Available for Review | | | | | |
|---|---|------------------------|--|--|--|
| Applicable | Supporting Document | Related Plan | | | |
| & On Display | | Component | | | |
| X | Public housing management and maintenance policy documents, | Annual Plan: | | | |
| | including policies for the prevention or eradication of pest | Operations and | | | |
| | infestation (including cockroach infestation) | Maintenance | | | |
| | Results of latest binding Public Housing Assessment System | Annual Plan: | | | |
| | (PHAS) Assessment | Management and | | | |
| | | Operations | | | |
| | Follow-up Plan to Results of the PHAS Resident Satisfaction | Annual Plan: | | | |
| | Survey (if necessary) | Operations and | | | |
| | , | Maintenance and | | | |
| | | Community Service & | | | |
| | | Self-Sufficiency | | | |
| | Results of latest Section 8 Management Assessment System | Annual Plan: | | | |
| | (SEMAP) | Management and | | | |
| | (2-1-1-2) | Operations | | | |
| | Any required policies governing any Section 8 special housing | Annual Plan: | | | |
| | types | Operations and | | | |
| | check here if included in Section 8 Administrative | Maintenance | | | |
| | Plan | | | | |
| X | Public housing grievance procedures | Annual Plan: Grievance | | | |
| | check here if included in the public housing | Procedures | | | |
| | A & O Policy | | | | |
| | Section 8 informal review and hearing procedures | Annual Plan: | | | |
| | check here if included in Section 8 Administrative | Grievance Procedures | | | |
| | Plan | | | | |
| | The HUD-approved Capital Fund/Comprehensive Grant Program | Annual Plan: Capital | | | |
| | Annual Statement (HUD 52837) for any active grant year | Needs | | | |
| | Most recent CIAP Budget/Progress Report (HUD 52825) for any | Annual Plan: Capital | | | |
| | active CIAP grants | Needs | | | |
| | Approved HOPE VI applications or, if more recent, approved or | Annual Plan: Capital | | | |
| | submitted HOPE VI Revitalization Plans, or any other approved | Needs | | | |
| | proposal for development of public housing | | | | |
| | Self-evaluation, Needs Assessment and Transition Plan required | Annual Plan: Capital | | | |
| | by regulations implementing §504 of the Rehabilitation Act and | Needs | | | |
| | the Americans with Disabilities Act. See, PIH 99-52 (HA). | | | | |
| | Approved or submitted applications for demolition and/or | Annual Plan: | | | |
| | disposition of public housing | Demolition and | | | |
| | | Disposition | | | |
| | Approved or submitted applications for designation of public | Annual Plan: | | | |
| | housing (Designated Housing Plans) | Designation of Public | | | |
| | <i>O</i> , <i>A O O O O O O O O O O</i> | Housing | | | |
| | Approved or submitted assessments of reasonable revitalization of | Annual Plan: | | | |
| | public housing and approved or submitted conversion plans | Conversion of Public | | | |
| | prepared pursuant to section 202 of the 1996 HUD Appropriations | Housing | | | |
| | Act, Section 22 of the US Housing Act of 1937, or Section 33 of | | | | |
| | the US Housing Act of 1937 | | | | |
| | Approved or submitted public housing homeownership | Annual Plan: | | | |
| | programs/plans | Homeownership | | | |
| | Policies governing any Section 8 Homeownership program | Annual Plan: | | | |
| | (sectionof the Section 8 Administrative Plan) | Homeownership | | | |

| List of Supporting Documents Available for Review | | | | | | |
|---|---|---|--|--|--|--|
| Applicable & On Display | Supporting Document | Related Plan Component | | | | |
| | Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies | Annual Plan: Community Service & Self-Sufficiency | | | | |
| | FSS Action Plan/s for public housing and/or Section 8 | Annual Plan: Community Service & Self-Sufficiency | | | | |
| | Section 3 documentation required by 24 CFR Part 135, Subpart E | Annual Plan: Community Service & Self-Sufficiency | | | | |
| | Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports | Annual Plan: Community Service & Self-Sufficiency | | | | |
| | The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report | Annual Plan: Safety and Crime Prevention | | | | |
| V | PHDEP-related documentation: Baseline law enforcement services for public housing developments assisted under the PHDEP plan; Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; Coordination with other law enforcement efforts; Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. | Annual Plan: Safety and Crime Prevention | | | | |
| X | Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) check here if included in the public housing A & O Policy The results of the most recent fiscal year audit of the PHA | Pet Policy Annual Plan: Annual | | | | |
| | conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings | Audit | | | | |
| | Troubled PHAs: MOA/Recovery Plan Other supporting documents (optional) | Troubled PHAs (specify as needed) | | | | |
| | (list individually; use as many lines as necessary) | (specify as needed) | | | | |

| Annual Statement/Performance and Evaluation Report | | | | | | |
|---|---|--------------------------|-----------------------|----------------------------|----------------------|--|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary | | | | | | |
| _ | ame: Mammoth Spring HA | Grant Type and Number | | | Federal FY of Grant: | |
| | | Capital Fund Program: AR | 37P08650100 | | 2000 | |
| | | Capital Fund Program | Easter Crant No. | | | |
| Replacement Housing Factor Grant No: Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: | | | | | ravisian na: | |
| | formance and Evaluation Report for Period Ending: | <u>—</u> | and Evaluation Report | Kevised Amidai Statement (| revision no. | |
| Line | Summary by Development Account | | imated Cost | Total | Actual Cost | |
| No. | Summary by Development Recount | Total Est. | anateu cost | 1000 | Count Cost | |
| | | Original | Revised | Obligated | Expended | |
| 1 | Total non-CFP Funds | | | | | |
| 2 | 1406 Operations | 8,182 | | 8,182 | 8,182 | |
| 3 | 1408 Management Improvements | | | | | |
| 4 | 1410 Administration | | | | | |
| 5 | 1411 Audit | | | | | |
| 6 | 1415 liquidated Damages | | | | | |
| 7 | 1430 Fees and Costs | | | | | |
| 8 | 1440 Site Acquisition | | | | | |
| 9 | 1450 Site Improvement | 30,470 | | 30,470 | 30,470 | |
| 10 | 1460 Dwelling Structures | | | | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | | |
| 12 | 1470 Nondwelling Structures | | | | | |
| 13 | 1475 Nondwelling Equipment | | | | | |
| 14 | 1485 Demolition | | | | | |
| 15 | 1490 Replacement Reserve | | | | | |
| 16 | 1492 Moving to Work Demonstration | | | | | |
| 17 | 1495.1 Relocation Costs | | | | | |
| 18 | 1498 Mod Used for Development | | | | | |
| 19 | 1502 Contingency | | | | | |
| 20 | Amount of Annual Grant: (sum of lines 2-19) | 38,652 | | 38,652 | | |
| 21 | Amount of line 20 Related to LBP Activities | | | | | |
| 22 | Amount of line 20 Related to Section 504 Compliance | | | | | |
| 23 | Amount of line 20 Related to Security | | | | | |

| Annual Statement/Performance and Evaluation Report | | | | | | |
|---|--|---------------------------|------------|----------|--------------------------|--|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary | | | | | | |
| PHA N | ame: Mammoth Spring HA | Grant Type and Number | | | Federal FY of Grant: | |
| | | Capital Fund Program: AR3 | 7P08650100 | | 2000 | |
| | | Capital Fund Program | | | | |
| | Replacement Housing Factor Grant No: | | | | | |
| ☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no:) | | | | | vision no: | |
| Per | Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Ac | Total Actual Cost | |
| No. | | | | | | |
| 24 | Amount of line 20 Related to Energy Conservation | | | | | |
| | Measures | | | | | |

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

| PHA Name: Mammoth Spring HA | | Grant Type and Nu | Federal FY of Grant: | | | | | |
|-----------------------------|--|--------------------|----------------------|------------|----------------------|-----------|-------------------|----------|
| | 1 0 | Capital Fund Progr | am #: AR37P0 | 8650100 | | 2000 | | |
| | | Capital Fund Progr | | | | | | |
| | | Replacement l | Housing Factor # | | | | | |
| Development | General Description of Major Work | Dev. Acct No. | Quantity | Total Esti | Total Estimated Cost | | Total Actual Cost | |
| Number | Categories | | | | | | | Proposed |
| Name/HA-Wide | | | | Original | Revised | Funds | Funds | Work |
| Activities | | | | | | Obligated | Expended | |
| AR086001 | Installation of Replacement of Windows | | | 18,768 | | 18,768 | 18,768 | |
| | Draw to go to Reserve on budget | | | 8,182 | | 8,182 | 8,182 | |
| | Installation of New Furnaces | | | 10,465 | | 10,465 | 10,465 | |
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| Annual Statemen | Annual Statement/Performance and Evaluation Report | | | | | | | | | | |
|----------------------------|--|---------------|---------------|-------------|---------------------------|----------------|----------------------------------|--|--|--|--|
| Capital Fund Pro | gram and | Capital F | und Prog | gram Replac | ement Hous | ing Factor | · (CFP/CFPRHF) | | | | |
| Part III: Implem | entation S | chedule | | _ | | | | | | | |
| PHA Name: Mammoth Sp | | Type and Nur | | | Federal FY of Grant: 2000 | | | | | | |
| | | | m #: AR037P08 | | | | | | | | |
| | Capital Fund Program Replacement Housing Factor #: | | | | | D 6 D 1 17 | | | | | |
| Development Number | | Fund Obligate | | | Il Funds Expended | | Reasons for Revised Target Dates | | | | |
| Name/HA-Wide Activities | (Qu | art Ending Da | ite) | (Q | uarter Ending Date | 2) | | | | | |
| | Original | Revised | Actual | Original | Revised | Actual | | | | | |
| AR086001 | 9-30-02 | | 9-30-02 | | | 9-30-02 | | | | | |
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| Ann | ual Statement/ | Performa | ance and l | | on Report | | | | | |
|-------|--|----------------|----------------|------------|--|----------------------------|------------|--------------------|---------------|--|
| | | | | | - | noment House | ing Factor | (CFP/CFPRHF) Par | ot 1. Summary | |
| | | | Capital F | | | | ing ractor | (Cri/Cri Kiir) Fai | | |
| PHA N | Iame: Mammoth Sprin | ng HA | | | ant Type and Num | Federal FY of Grant: 2001 | | | | |
| | | | | | Capital Fund Progran Capital Fund Progran | n: AR037P08650 |)101 | | 2001 | |
| | | | | ' | | n ousing Factor Grant I | No: | | | |
| Ori | Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:) | | | | | | | | | |
| | Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report | | | | | | | | | |
| Line | Summary by Devel | | | 8 - | | al Estimated Cost | | Total Ac | ctual Cost | |
| No. | | • | | | | | | | | |
| | | | | | Original | R | Revised | Obligated | Expended | |
| 1 | Total non-CFP Fund | ds | | | | | | | | |
| 2 | 1406 Operations | | | | | | | | | |
| 3 | 1408 Management I | | | | | | | | | |
| 4 | 1410 Administration | n | | | | | | | | |
| 5 | 1411 Audit | | | | | | | | | |
| 6 | 1415 liquidated Dar | | | | | | | | | |
| 7 | 1430 Fees and Cost | | | | | | | | | |
| 8 | 1440 Site Acquisition | | | | | | | | | |
| 9 | 1450 Site Improven | | | | | | | | | |
| 10 | 1460 Dwelling Strue | | | 39 | ,436 | | | | | |
| 11 | 1465.1 Dwelling Eq | | nexpendable | | | | | | | |
| 12 | 1470 Nondwelling S | | | | | | | | | |
| 13 | 1475 Nondwelling I | Equipment | | | | | | | | |
| 14 | 1485 Demolition | | | | · | | | | | |
| 15 | 1490 Replacement I | Reserve | | | | | | | | |
| 16 | 1492 Moving to Wo | | ntion | | | | | | | |
| 17 | 1495.1 Relocation (| Costs | | | | | | | | |
| 18 | 1498 Mod Used for | Development | | | | | | | | |
| 19 | 1502 Contingency | | | | | | | | | |
| 20 | Amount of Annual (| Grant: (sum o | of lines 2-19) | | | | | | | |
| 21 | Amount of line 20 F | Related to LBI | P Activities | | | | | | | |

| 22 | Amount of line 20 Related to Section 504 Compliance | | |
|----|---|--|--|
| 23 | Amount of line 20 Related to Security | | |
| 24 | Amount of line 20 Related to Energy Conservation | | |
| | Measures | | |

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

| PHA Name: Ma | mmoth Spring HA | Grant Type and Nu | Federal FY of Grant: | | | | | |
|----------------------------|--|---|----------------------|----------------------|---------|--------------------|-------------------|-----------------------|
| | | Capital Fund Progr Capital Fund Progr Replacement I | | 2001 | | | | |
| Development Number | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Proposed |
| Name/HA-Wide Activities | | | | Original | Revised | Funds Obligated | Funds Expended | Work |
| AR086001 | Replace Roofs | | | 39,436 | | 0 | 0 | |
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| Annual Statement | Annual Statement/Performance and Evaluation Report | | | | | | | | | | |
|----------------------------|--|---------------|---------------------------|------------------------------------|------------|----------------------------------|----------------|--|--|--|--|
| Capital Fund Pro | gram and | Capital F | und Prog | gram Replac | ement Hous | ing Factor | · (CFP/CFPRHF) | | | | |
| Part III: Implem | entation S | chedule | | • | | J | | | | | |
| PHA Name: Mammoth Sp | PHA Name: Mammoth Spring HA | | | nber | | Federal FY of Grant: | | | | | |
| | | | | m #: AR037P08 m Replacement Hou | | | 2001 | | | | |
| Development Number | All | Fund Obligate | igated All Funds Expended | | | Reasons for Revised Target Dates | | | | | |
| Name/HA-Wide Activities | (Qu | art Ending Da | ite) | (Quarter Ending Date) | | | | | | | |
| | Original | Revised | Actual | Original | Revised | Actual | | | | | |
| AR086001 | 9-30-02 | | | | | 9-30-03 | | | | | |
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| Annual Statement/Performance and Evaluation Report | | | | | | | | | |
|--|---|-------------------------|---------------------------|---------------------------------------|----------------------|--|--|--|--|
| Capi | ital Fund Program and Capital Fund P | rogram Replacen | ent Housing Factor (| CFP/CFPRHF) Pai | rt 1: Summary | | | | |
| | ame: Mammoth Spring HA | Grant Type and Number | | , , , , , , , , , , , , , , , , , , , | Federal FY of Grant: | | | | |
| | • 0 | Capital Fund Program: A | R037P08650102 | | 2002 | | | | |
| | | Capital Fund Program | | | | | | | |
| | | Replacement Housin | | | | | | | |
| | ginal Annual Statement | _ | Disasters/ Emergencies Re | vised Annual Statement (re | evision no: | | | | |
| Per | formance and Evaluation Report for Period Ending: | | e and Evaluation Report | | | | | | |
| Line | Summary by Development Account | Total E | stimated Cost | Total A | ctual Cost | | | | |
| No. | | | 1 | | | | | | |
| | | Original | Revised | Obligated | Expended | | | | |
| 1 | Total non-CFP Funds | | | | | | | | |
| 2 | 1406 Operations | | | | | | | | |
| 3 | 1408 Management Improvements | | | | | | | | |
| 4 | 1410 Administration | | | | | | | | |
| 5 | 1411 Audit | | | | | | | | |
| 6 | 1415 liquidated Damages | | | | | | | | |
| 7 | 1430 Fees and Costs | | | | | | | | |
| 8 | 1440 Site Acquisition | | | | | | | | |
| 9 | 1450 Site Improvement | | | | | | | | |
| 10 | 1460 Dwelling Structures | 39,436 | | | | | | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | | | | | |
| 12 | 1470 Nondwelling Structures | | | | | | | | |
| 13 | 1475 Nondwelling Equipment | | | | | | | | |
| 14 | 1485 Demolition | | | | | | | | |
| 15 | 1490 Replacement Reserve | | | | | | | | |
| 16 | 1492 Moving to Work Demonstration | | | | | | | | |
| 17 | 1495.1 Relocation Costs | | | | | | | | |
| 18 | 1498 Mod Used for Development | | | | | | | | |
| 19 | 1502 Contingency | | | | | | | | |
| 20 | Amount of Annual Grant: (sum of lines 2-19) | | | | | | | | |
| 21 | Amount of line 20 Related to LBP Activities | | | | | | | | |
| 22 | Amount of line 20 Related to Section 504 Compliance | | | | | | | | |

| Annual Statement/Performance and Evaluation Report | | | | | | | | | |
|---|---|---|---|----------|----------------------|--|--|--|--|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary | | | | | | | | | |
| PHA N | ame: Mammoth Spring HA | Grant Type and Number | | | Federal FY of Grant: | | | | |
| | | Capital Fund Program: ARC | Capital Fund Program: AR037P08650102 2002 | | | | | | |
| | | Capital Fund Program | | | | | | | |
| | Replacement Housing Factor Grant No: | | | | | | | | |
| Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:) | | | | | vision no:) | | | | |
| Per | formance and Evaluation Report for Period Ending: | Final Performance and Evaluation Report | | | | | | | |
| Line | Summary by Development Account | Total Estin | mated Cost | Total Ac | tual Cost | | | | |
| No. | | | | | | | | | |
| 23 | Amount of line 20 Related to Security | | | | | | | | |
| 24 | Amount of line 20 Related to Energy Conservation | | | | | | | | |
| | Measures | | | | | | | | |

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

| PHA Name: Ma | mmoth Spring HA | Grant Type and Nu | Federal FY of Grant: | | | | | |
|----------------------------|---|-----------------------------------|------------------------|----------------------|---------|--------------------|-------------------|-----------------------|
| | | Capital Fund Progr | | 2002 | | | | |
| | | Capital Fund Progr Replacement | | | | | | |
| Development Number | General Description of Major Work Categories | Dev. Acct No. | Dev. Acct No. Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Proposed |
| Name/HA-Wide Activities | • | | | Original | Revised | Funds Obligated | Funds Expended | Work |
| AR086001 | ROOFS | | | 39,436 | | | | |
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Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule

| PHA Name: Mammoth Sp | | Type and Nur | | | Federal FY of Grant: | | |
|------------------------------------|---------------------|-------------------------------|----------------|---------------|--|----------------|----------------------------------|
| | | Capita | al Fund Progra | m #: AR037P08 | 6650102 | | 2002 |
| Development Number Name/HA-Wide | | Fund Obligate rt Ending Da | ed | | using Factor #: Il Funds Expended warter Ending Date | | Reasons for Revised Target Dates |
| Activities | Oni nimal | Daniand | A -41 | Oninin al | Daniand | A -41 | |
| AR086001 | Original 9-30-03 | Revised | Actual | Original | Revised | Actual 9-30-04 | |
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CAPITAL FUND PROGRAM TABLES START HERE

| Ann | ual Statement/Performance and Evalua | ation Report | | | | | | | | |
|-------|---|----------------------------|---------------------------|-----------|----------------------|--|--|--|--|--|
| Capi | Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary | | | | | | | | | |
| PHA N | Jame: Mammoth Spring HA | Grant Type and Number | - | | Federal FY of Grant: | | | | | |
| | | Capital Fund Program Grant | No: AR086P08650103 | | 2003 | | | | | |
| | | Replacement Housing Factor | | | | | | | | |
| Ori | ginal Annual Statement Reserve for Disasters/ Eme | rgencies Revised Annua | Statement (revision no:) | | | | | | | |
| Per | formance and Evaluation Report for Period Ending: | Final Performance | and Evaluation Report | | | | | | | |
| Line | Summary by Development Account | Total Esti | imated Cost | Total Ac | tual Cost | | | | | |
| No. | | | | | | | | | | |
| | | Original | Revised | Obligated | Expended | | | | | |
| 1 | Total non-CFP Funds | | | | | | | | | |
| 2 | 1406 Operations | | | | | | | | | |
| 3 | 1408 Management Improvements | | | | | | | | | |
| 4 | 1410 Administration | | | | | | | | | |
| 5 | 1411 Audit | | | | | | | | | |
| 6 | 1415 Liquidated Damages | | | | | | | | | |
| 7 | 1430 Fees and Costs | | | | | | | | | |
| 8 | 1440 Site Acquisition | | | | | | | | | |
| 9 | 1450 Site Improvement | | | | | | | | | |
| 10 | 1460 Dwelling Structures | 37,470 | | | | | | | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | | | | | | |
| 12 | 1470 Nondwelling Structures | | | | | | | | | |
| 13 | 1475 Nondwelling Equipment | | | | | | | | | |
| 14 | 1485 Demolition | | | | | | | | | |
| 15 | 1490 Replacement Reserve | | | | | | | | | |
| 16 | 1492 Moving to Work Demonstration | | | | | | | | | |
| 17 | 1495.1 Relocation Costs | | | | | | | | | |
| 18 | 1499 Development Activities | | | | | | | | | |
| 19 | 1501 Collaterization or Debt Service | | | | | | | | | |

| Ann | Annual Statement/Performance and Evaluation Report | | | | | | | | | |
|---|---|--|---------|----------------------|----------|--|--|--|--|--|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary | | | | | | | | | | |
| PHA N | ame: Mammoth Spring HA | Grant Type and Number | | Federal FY of Grant: | | | | | | |
| | | Capital Fund Program Grant No: | | | 2003 | | | | | |
| | | Replacement Housing Factor Gra | | | | | | | | |
| | Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: | | | | | | | | | |
| Per | Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report | | | | | | | | | |
| Line | Summary by Development Account | Total Estimated Cost Total Actual Cost | | | | | | | | |
| No. | | | | | | | | | | |
| | | Original | Revised | Obligated | Expended | | | | | |
| 20 | 1502 Contingency | | | | | | | | | |
| 21 | Amount of Annual Grant: (sum of lines $2-20$) | | | | | | | | | |
| 22 | Amount of line 21 Related to LBP Activities | | | | | | | | | |
| 23 | Amount of line 21 Related to Section 504 compliance | | | | | | | | | |
| 24 | Amount of line 21 Related to Security – Soft Costs | | | | | | | | | |
| 25 | Amount of Line 21 Related to Security – Hard Costs | | | | | | | | | |
| 26 | Amount of line 21 Related to Energy Conservation Measures | | | · | | | | | | |

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

| PHA Name: M | ammoth Spring HA | Grant Type and Number | | | | Federal FY of Grant: | | |
|---|--|--------------------------------------|---------------------------------------|-----------------------|---------|----------------------|-------------------|-------------------|
| | | Capital Fund Prog Replacement Hou | gram Grant No: sing Factor Grant I | AR037P08650103 No: | | 2003 | | |
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| AR086001 | Reconstruction on Kitchen Sinks, Cabinets & Faucets | | | 37,470 | | | | |
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| Annual Statement/Performance and Evaluation Report | | | | | | | |
|---|------------|-----------------------------------|--|----------|--|--------|----------------------------------|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) | | | | | | | |
| Part III: Implem | entation S | chedule | | | | | |
| PHA Name: Mammoth Sp | oring HA | Grant | Type and Nur | | | | Federal FY of Grant: |
| | | | Capital Fund Program No: AR037P08650103 Replacement Housing Factor No: | | | | 2003 |
| Development Number Name/HA-Wide Activities | | l Fund Obligate arter Ending D | | | Il Funds Expended uarter Ending Date) | | Reasons for Revised Target Dates |
| | Original | Revised | Actual | Original | Revised | Actual | |
| AR086001 | 5-31-04 | | | 5-31-05 | | | |
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Capital Fund Program Five-Year Action Plan

| PHA Name Mammoth Spring HA | | | ☐Original 5-Year Plan ☐Revision No: | |
|--------------------------------------|---------------------|--|--|--|
| Development Number/Name/HA- | | | | |
| Wide | Annual Statement | Description of Needed physical Improvements or Management Improvements | Estimated Cost | Planned Start Date (HA Fiscal Year) |
| AR086001 | | 22 Stainless Steel Kitchen Sinks | 880.00 | 2002 |
| | | 22 Kitchen Counter Tops (installed) | 4,400.00 | 2002 |
| | | 22 Kitchen Sink Faucets | 1,430.00 | 2002 |
| | | 20 Gas Stove Vent Hoods | 800.00 | 2002 |
| | | New Roofing for the entire complex | 39,436.00 | 2001-2003 |
| | | Parking Area | 20,000 | 2004 |
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| CFP Funds Listed for 5-year planning | | | | |
| | | | | |
| Replacement Housing Factor Funds | | | | |

| Required Attachment: Resident Member on the PHA Governing Board |
|---|
| 1. Yes No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2) |
| A. Name of resident member(s) on the governing board: |
| B. How was the resident board member selected: (select one)? Elected Appointed |
| C. The term of appointment is (include the date term expires): |
| 2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not? the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board. Other (explain): |
| B. Date of next term expiration of a governing board member: |
| C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): |

| Required Attachment: Membership of the Resident Advisory Board or Boards |
|---|
| List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.) William O. Pace Bill Burns Wendell Ragsdale Bob Simers Joe Cox |
| Margaret Crecelius, 100 North 14 th Street, Mammoth Springs, AR 72554 Margaret Inabinett, 110 North 14 th Street, Mammoth Springs, AR 72554 James Terrell, 110 North 14 th Street, Mammoth Springs, AR 72554 |
| Conversion of Public Housing to Tenant-Based Assistance [24 CFR Part 903.7 9 (j)] |
| A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act |
| 1. Tes No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? |
| Conversion of Public Housing Activity Description |
| 1a. Development name: |
| 1b. Development (project) number: |
| 2. What is the status of the required assessment? Assessment underway Assessment results submitted to HUD Assessment results approved by HUD (if marked, proceed to next question) Other (explain below) |
| 3. Yes No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.) |
| 4. Status of Conversion Plan (select the statement that best describes the current status) Conversion Plan in development Conversion Plan submitted to HUD on: (DD/MM/YYYY) Conversion Plan approved by HUD on: (DD/MM/YYYY) Activities pursuant to HUD-approved Conversion Plan underway |

| 5. Description of how requirements of Section 202 are being satisfied by means other than conversion |
|--|
| (select one) |
| Units addressed in a pending or approved demolition application (date submitted or |
| approved: |
| Units addressed in a pending or approved HOPE VI demolition application (date submitted |
| or approved:) |
| Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or |
| approved:) |
| Requirements no longer applicable: vacancy rates are less than 10 percent |
| Requirements no longer applicable: site now has less than 300 units |
| Other: (describe below) |
| |

B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937

Component 10 (B) Voluntary Conversion Initial Assessments

- a) How many of the PHA's developments are subject to the Required Initial Assessment?
- b) How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not General occupancy projects)?

How may Assessments were conducted for the PHA's covered developments?

- c) Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments.
- d) If the PHA has not completed the Required Initial Assessments, describe the Status of these assessments